

EMPLOYEE REIMBURSEMENT ACCOUNT

RAPID REFUND AUTHORIZATION FORM

INSTRUCTIONS

To enroll in Rapid Refund, please read the back of this form and fill in the information requested in SECTION 1. Then take or mail this form to your Financial Institution. The Financial Institution will verify the information in SECTION 1 and complete SECTION 2. The completed form must be returned to Fringe Benefits Management Company. For further information call 1-800-342-8017, or Telecommunications Device for the Deaf. (TDD) 1-800-955-8771.

TYPE OF TRANSACTION ☐ New ☐ Change ☐ Cancel

SECTION 1 (TO BE COMPLETED BY EMPLOYEE)

Employee Name (Last, First, Middle Initial)	Type of Account Select One <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Address	Social Security Number
City, State, Zip Code	Account Number
Telephone Number (Work) (Home)	

DEPOSITOR CERTIFICATION

I certify that I have read and understand the back of this form. In signing this form, I authorize my Medical and Dependent Day Care Account reimbursements to be sent to the financial institution named below to be deposited in the designated account.

Signature _____ Date _____

JOINT ACCOUNT HOLDERS CERTIFICATION

I certify that I have read and understand the back of this form.

Signature _____ Date _____

SECTION 2 (TO BE COMPLETED BY FINANCIAL INSTITUTION)

Name and Address of Financial Institution	Routing Number/Transit Number
	Account Title
	Account Number
FINANCIAL INSTITUTION CERTIFICATION I confirm the identity of the above named employee and joint tenant, if any, and the account number and title. As representative of the above-named Financial Institution, I certify that as a member of an Automated Clearing House, this Financial Institution agrees to receive and deposit Medical and Dependent Day Care Account reimbursements to the account shown above, in accordance with the policies of this Financial Institution.	
Print or Type Representative's Name	Signature of Representative
Telephone Date	

White Copy EMPLOYEE

Yellow Copy FBMC

Pink Copy FINANCIAL INSTITUTION

ERA PROGRAM
TERMS AND CONDITIONS FOR PARTICIPATING IN
REIMBURSEMENT ACCOUNT DIRECT DEPOSIT

If you are participating in a reimbursement account, you have the option of having your authorized reimbursements deposited directly into your account at your financial institution rather than receiving the payment by mail. The following are the terms and conditions for participating in the Direct Deposit program. You do not have to participate in the ERA direct deposit program in order to have an ERA.

1. Your financial institution must be a member of an Automated Clearing House in order for you to participate in the ERA Direct Deposit program.
2. You must complete this authorization form to enroll in the ERA Direct Deposit program. A signed and dated form is required for processing. If you have a joint account, the form must be signed by both parties. Once your form is received by Fringe Benefits Management Company (FBMC), there may be up to a 4 week administrative processing period before the enrollment will become effective. You will receive checks for any reimbursement claims paid during this period.
3. FBMC will mail you a direct deposit receipt and a new claim form each time an electronic transfer is made to your account. The receipt will show information on the claim(s) being paid as well as other year-to-date information on your reimbursement account. The standard turnaround time for deposit into your account is 48 hours from the time FBMC transmits the entries. You should verify that the deposit has been made to your account before withdrawing funds.
4. If an electronic transfer is returned to FBMC or for any reason cannot be made to your account, FBMC will investigate the cause and if necessary, will issue and mail a reimbursement check to you. Pending resolution of the electronic transfer problem, you will continue to receive reimbursement checks in the mail. Reinstatement in the ERA direct deposit program will be determined on a case-by-case basis, and you will be notified of any action taken.
5. It is your responsibility to notify FBMC immediately of any changes in your account, such as account closure or change in account number. Complete this form indicating the action is a CHANGE, and specify the new account information. There may be up to a 4 week administrative processing period before the changes become effective. If there is an interruption in the ERA direct deposit service, you will receive checks for any reimbursement claims paid during that time.
6. You may cancel your participation in the ERA direct deposit program at any time by completing this form indicating the action is a CANCEL. The cancellation will take effect as of the date you indicate or as soon as the form is received and processed by FBMC, whichever is later.
7. This agreement may also be canceled by your financial institution or FBMC. FBMC reserves the right to automatically cancel your participation in the ERA direct deposit program upon termination of employment or termination of your reimbursement account(s).
8. If you re-enroll in a reimbursement account, your participation in the ERA direct deposit program along with the terms and conditions of this agreement will remain in effect from one plan year to the next until you cancel.

If you have any questions regarding this form, the ERA direct deposit program or any electronic transfers to your account, call Fringe Benefits Management Company Customer Service at 1-800-342-8017, or the Telecommunications Device for the Deaf (TDD) at 1-800-955-8771, Monday through Friday, 7 a.m. to 9 p.m. CST.

Return this form to: Fringe Benefits Management Co.
ATTN: Enrollment Processing
Post Office Box 1878
Tallahassee, FL 32303